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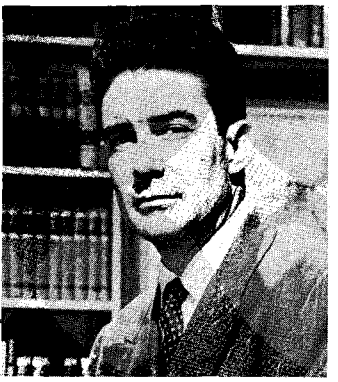

DAN SMOOT

FLUORIDATION PROBLEMS

In 1936, the Journal of the American Dental Association described fluoride by comparing its toxicity in minute doses to that of arsenic and lead.[1]

In 1937, a Danish scientist (K. Roholm) investigated the effects on animals and human beings of fluorine fumes discharged by industrial plants, finding that the effects are about the same on men as on animals: animals grazing near plants that pollute the air with fluorine fumes become lifeless and thin; they lie down and get up with difficulty; they limp because of sore, stiff joints; in the young, teeth develop brown and black stains.[2]

In September, 1943, the Journal of the American Medical Association said:

"Fluorides are general protoplasmic poisons . . . sources of fluorine intoxication are drinking water containing one part per million or more of fluorine, fluorine compounds used as insecticidal sprays for fruits and vegetables . . . and the mining and conversion of phosphate rock . . . ."[1]

In many areas, pure food and drug laws specify the maximum amount of fluorine permitted in processed foods. In some places, the natural water supply has a higher fluoride ion concentration than the law allows for processed foods. Some food processors have had to install costly equipment to take fluorine out of water used in the preparation of foods.[2]

Sodium fluoride, when dissolved in water, is very corrosive. Some industrial plants defluorinate water to keep it from corroding and fouling equipment.[2]

In short, *the* fluoridation problem for years was getting fluorides *out* of water and food, rather than getting them *in.*

Yet, for years, the phenomenon of "Texas Teeth" was widely observed. People who spent their childhood in certain Texas localities (Hereford, for example) frequently had ugly stains in the enamel of their teeth; but the teeth seemed to be strong, with fewer-than-average cavities. Investigation disclosed that drinking water in such localities contained a small quantity of natural fluoride.[2]

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The question arose: if children were given the right amount of fluoride during the years when their teeth were forming and erupting, would they not develop strong teeth without suffering from fluorine poisoning?

The United States Public Health Service undertook to prove that this could be done. The investigations should have lasted for many years — long enough for controlled study of at least one generation — because sodium fluoride is a cumulative poison. When small regular quantities are taken into the body of a strong, healthy human being, most of it is eliminated; and the organs doing the elimination — kidneys, principally — suffer no immediate, perceptible damage. But the body does not eliminate all fluoride consumed, no matter how small the quantity. Some of it accumulates in body tissues. Scientists do not yet know the results — though some believe the long-range accumulation of fluoride in tissues may be horrible.[2]

Morever, the indications that fluoridated water improves teeth were superficial. In communities where drinking water was naturally fluoridated, artificial dentures were common. Fluoride increases the incidence of diseases like pyorrhea (inflammation of tooth sockets, leading to tooth loss). The hardness which fluorine causes in young teeth becomes brittleness. When such teeth decay, it is often impossible to repair them.[2]

In places like Hereford, Texas, would people have even better teeth (and teeth free of fluorine discoloration) if their water (which contained an abundance of calcium and other beneficial minerals) did *not* contain the poisonous fluorides? It would take many years of controlled scientific investigation to answer this question. No such investigation has yet been made.[2, 3]

Public Health Service investigators (and others) quickly concluded that consumption of fluoridated water during early childhood will improve human teeth. They apparently ignored evidence to the contrary, and displayed little or no concern about possible side effects that could be more damaging than dental cavities.[2]

Investigators accepted the formula of one part fluorine to one million parts water as being safe for human consumption — and as the proportion which will help develop strong teeth in people who drink such water from birth to about age 12. All agree that people over 12 cannot benefit from drinking fluoridated water.[2]

In the middle 1940's, Grand Rapids, Michigan, and Newburgh, New York, became the first two cities in the United States to fluoridate public water supplies.[2]

In 1950 — before fluoridation experiments in Grand Rapids and Newburgh could have provided definitive, scientific proof of anything — the United States Public Health Service assumed leadership in a drive to persuade all American cities to fluoridate water supplies.[2] The latest statistics available to me reveal that water supplies in 2677 American communities have been fluoridated. In 2405 instances, fluoridation was ordered by local officials without approval (in some cases, without the knowledge) of affected populations. In 272 communities, fluoridation was approved by a majority vote of the people. In 419 communities, voters refused to permit fluoridation of their water supplies. In 176 communities, voters have compelled local officials to stop fluoridation programs already begun. The net result is that 2501 American communities presently have artificially fluoridated water.[4]

It is proper for Public Health Service officials to be concerned about the dental health of children. It is admirable that the American Dental Association, the American Medical Association, and other private and semi-private groups want to help. But why fluoridate public water supplies?

ECONOMICS. The sodium fluoride used in public water systems is industrial waste, a by-product from the production of aluminum, steel, fertilizers. For years, it created a burdensome disposal problem.[2] In 1950, for example, a damage suit was decided against an aluminum corporation for dumping waste fluoride into the Columbia River, thus poisoning animals feeding on vegeta-

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tion in the area.[1] In that same year, the U. S. Public Health Service, the American Dental Association, and other groups began urging fluoridation of public water supplies; and aluminum companies began finding profitable markets for a waste product which formerly had occasioned heavy expense because it was hard to get rid of.[2]

From the viewpoint of industries with a troublesome waste product they would like to sell, and from the viewpoint of manufacturers producing fluoridation equipment, it is easy to understand the economics of fluoridating public water systems. But what about the public?

It is estimated that for every $10,000 spent to fluoridate water systems, only $25 is used for the purpose intended — that is, to put sodium fluoride in the drinking water of children under 12. Most of it is poured on lawns; put in automobiles; used for bathing, flushing toilets, laundering, and for cleaning streets, driveways, and sidewalks; consumed in industrial and commercial operations; or consumed by people over 12 years old who cannot possibly benefit from it. Since sodium fluoride is very corrosive, it causes damage to plumbing facilities and other equipment. Since it is a cumulative poison, it *may* harm everyone who drinks it regularly.[2]

If the only purpose of fluoridation is to provide medication for children under 12, why force the total population to drink fluoridated water and use it wastefully for all other purposes? There is no sensible answer to this question.

ALTERNATIVES. In 1957, The Devin-Adair Company, New York, published *The American Fluoridation Experiment* by F. B. Exner, M. D., and G. L. Waldbott, M. D. The book was edited by James Rorty. It presents: (1) material developed by Dr. Exner during four years of intensive research — material first made public in a report written for the City of New York in 1955 and published in *Northwest Medicine;* and (2) results of impressive original research by Dr. Waldbott on fluoride poisoning from drinking water. Both Dr. Exner and Dr. Waldbott are outstanding American physicians.[2]

Dr. Exner, in his section of *The American Fluoridation Experiment,* discusses alternatives to fluoridating public water systems:

"Any method of administering fluoride by mouth in controlled dosage avoids most of the disadvantages and dangers inherent in use of water supply as a vehicle. There are literally dozens of possibilities, and of preparations on the market. The promoters of fluoridation in the Public Health Service and the American Dental Association decry and condemn all such methods as lacking *the vast background of experiment and experience* which they claim for fluoridation of water. There is, of course, no actual or theoretical basis for this claim. The experimental background for use of dietary fluoride is at least as impressive as that for water-borne fluoride.

"To meet all such objections, however, let us outline a simple method for providing water-borne fluoride cheaply and in controlled dosage. The daily dose recommended by the Public Health Service is 1.0 milligram of fluoride per day . . . .

"Any druggist can easily prepare a gallon of water containing 1.7 gram of sodium fluoride. If you give a child one teaspoonful of that mixture in his food or drink each day he will get a measured dose of 1.0 mg. of fluorine (fluoride ion) instead of whatever dose he would happen to get if you gave him fluoridated water . . . .

"The stock solution is relatively safe to have around, as medicines go. The entire gallon contains less than half the lethal dose of fluoride . . . .

"This method permits controlled dosage and controlled effects at least insofar as we can predict effects at all. In any case, the effects will be far and away less variable and uncertain than with fluoridated water. In addition:

"It permits use of a drug-grade chemical.

"It can be restricted to those people, and those years, when the effect is desired. This avoids the dangers of universal and continued use.

"It is far cheaper than fluoridation. In fact, the fluoride for the gallon of water costs about two cents, and lasts over two years. The most expensive items by far are the bottle (which can be reused) and the work of weighing out the fluoride. Even on individual prescription, the latter should not be prohibitive, and if done on a large scale it could be only a few cents.

"Its greatest advantage, however, is that it is

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voluntary rather than compulsory; but that is exactly why health departments condemn it . . . .

"There is, in fact, every evidence that the primary purpose of fluoridation is not directed against dental decay; and that the real desire is for a legal precedent for compulsory medication in noncommunicable disease. Health departments simply do not want any voluntary substitutes for the compulsory method, regardless of what advantages they may possess."

CONTROLS. Dr. Exner, in the quotation above, mentions the critical problem of *control* in the use of sodium fluoride. Proponents of fluoridation recommend a dosage of one milligram of fluoride per day, dissolved in drinking water in the proportion of one part sodium fluoride to one million parts water. A child must drink exactly one liter (slightly more than a quart) of fluoridated water each day, to get the correct dosage. If he drinks less, his teeth will not get the full acclaimed benefits of fluoridation. If he drinks more, he may suffer fluorine poisoning. This does not mean immediately apparent adverse effects from drinking too much fluoridated water. No one could drink enough of the recommended fluoridated water in one day to become ill from acute fluorine poisoning. The harm is caused by slow accumulation in body tissues from daily dosages, over a period of many years.[2]

A physically active person in a hot dry climate may drink two gallons of water a day. Other persons drink very little water. Thus, even if a public water system is fluoridated *as recommended*, some people may consume eight times too much sodium fluoride; others will consume practically none. Can a water system be fluoridated *as recommended?* Note the following passages from *The American Fluoridation Experiment*:

—(Page 13) "Evidence comes from water engineers all over the country who report corroded and clogged fluoridating equipment; who say that it is impossible to control accurately the amount of fluorine introduced into the water supply or to prevent the 'fall out' and accumulation of dangerous fluoride deposits in the system."

—(Pages 21-22) "If the water engineers employed by public and private water-supply systems cannot guarantee the maintenance, with reliable accuracy, of the one-part-per-million level of fluorine dosage which the Public Health Service prescribes, then the [fluoridation] program is not safe, regardless of all other factors.

"*They can give no such assurances* (see Chapter 7). The majority of American water engineers have opposed the program from the beginning. Their professional publication, the *Journal of the American Water Works Association* . . . . [has] for years . . . carried the complaints of water engineers about the difficulties and hazards of the program. Many of the towns and cities that have tried the program have been forced to abandon it by the failure of the fluoridating machinery."

—(Page 45) "In Bauxite, Arkansas . . . three years after switching from water with high fluoride to a fluoride-free water, there was still enough fluoride in the system to cause mottled teeth in some who drank the water. This was attributed to incrustations in the pipes."

CHLORINES AND FLUORINES. Proponents of fluoridation claim that adding fluorine to public water supplies is equivalent to adding chlorine: it is use of the normal, traditional police power of government to protect the health of the populace. Chlorinating water sets no legitimate precedent for fluoridating it. Chlorine is added to purify water, to destroy harmful bacteria that could cause plagues. Fluorine *medicates* water with poison which, proponents believe, may do more good than harm if carefully controlled. Chlorine is used to treat *water*. Fluorine is used to treat *people*.

The one and only claim that has been made for fluoridating public water supplies, is that fluorine will help decrease tooth decay, if consumed by children under 12. Tooth decay is not a communicable disease. A person is not a danger to others merely because of cavities in his teeth. Fluoridation is not an effort to protect public health: it is a program to force all people to take medicine which officials claim to be good for children.

DANGERS. Proponents of fluoridation claim that an overwhelming mass of scientific evidence proves fluoridation of water systems to be safe. Dr. Exner and Dr. Waldbott, after examining

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that evidence, say much of it is based on United States Public Health Service "studies" which were biased, inconclusive, and dishonest collections of information compiled to provide propaganda for fluoridation. Exner and Waldbott allege that fluoridationists "prove" their case, not with scientific evidence, but by boasting the support of the American Dental Association, the American Medical Association, the United States Public Health Service, many local public health bodies, and all *reputable* doctors, dentists, and other experts; by maligning opponents of fluoridation as crackpots; and by ignoring evidence that fluoridation may be a grave menace to public health.[2]

Consider some of the evidence *against* fluoridation.

In 1940, the *Indian Journal of Medical Research* reported a crippling form of fluorosis associated with the consumption of relatively small amounts of fluoride in water. These findings were amplified in 1962 by A. Singh, S. S. Jolly, and B. C. Bansal, who wrote a paper for *Lancet,* the British Medical Journal. These, and other, reports indicate that children who are undernourished or in bad health may accumulate enough fluoride in their bones to be in danger of osteosclerosis (abnormal bone hardening and thickening).[5]

In September, 1940, the *American Journal of Public Health* published an article by Drs. Margaret C. Smith and Howard V. Smith (then biochemists at the University of Arizona). Concerning human teeth mottled from consumption of fluoride in drinking water (at St. David, Arizona, where fluoride in water ranged from 1.6 to 4.0 parts per million), the Smiths said:

"There is ample evidence that mottled teeth, though they be somewhat more resistant to the onset of decay, are structurally weak, and that . . . when decay does set in, the result is disastrous . . . .

"Caries once started evidently spreads rapidly. Steps taken to repair the cavities in many cases were unsuccessful, the tooth breaking away when attempts were made to anchor the fillings, so that extraction was the only course. That decay was widespread and repair unsuccessful among the young adults is shown by an incidence of more than 50 percent of false teeth in the age group 24 to 26 years. This high incidence of false teeth appeared in all subsequent age groups. Very rarely adults were found whose teeth, though mottled, were free from caries . . . ."[2]

In 1955, the University of Salamanca, Spain, published a research report on the effects of fluorine in the provincial water supply (from 1.18 p.p.m. to 2.98 p.p.m.). The researchers found that, in Rollan, 93 percent of all inhabitants suffered from mottled teeth. Eighty to 100 percent of the people suffered from severe mouth infections of various types. Forty percent of all adults suffered from rheumatoid arthritis. In Porqueriza, almost all people over forty years of age suffered from rheumatism affecting the vertebral column.[6]

A 1958 Japanese report (*Folia Pharmacology Japanica*) indicates a possible correlation between goiter and fluoridated water, even when the level of fluoride is extremely low.[5]

A 1959 French report indicates the same possibility. The French *Bulletin of the National Academy of Medicine* (Volume 143, 1959) raises the question of a possible connection between fluoridated water and a malfunctioning of the thyroid gland. A study of 300,000 births showed a small increase in mongoloid births in those cases where mothers drank fluoridated water, against those who did not. It is believed that mongolism may be connected in some way with malfunctioning of the thyroid gland.[5]

The October 4, 1961, issue of *The Journal of Dental Medicine* published a paper by Dr. R. Feltman and George Kosel reporting a fourteen-year study on minimum amounts of fluoride in drinking water. Their investigation revealed that a small percentage of children and of pregnant women can not tolerate even the low-level dosages of fluoride recommended by public health officials.[5]

In 1963, findings of a Swedish experiment conducted in the Department of Histology, University of Goteborg, were made public. Experimenters fed groups of rats similar diets, but gave some groups different amounts of fluorine in drinking water. A control group had no fluorine in drinking water. Using an advanced-type X-ray micro-

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scope, the Swedish researchers found that, within all groups getting fluorine, some rats had "resorption cavities" in their bones after six months of drinking water at fluorine strengths as low as one p.p.m. None of the rats in the fluorine-free control group showed these bone changes.[7]

On the advice of Dr. Hugo Theorell (Nobel prize-winner in medicine), the Swedish government has postponed its decision on fluoridation, pending further research.[5]

A. W. Laubengayer, Professor of Chemistry at Cornell University, Ithaca, New York, made an extended study of professional scientific literature available on fluoridation of public water supplies. On March 27, 1963, Professor Laubengayer testified at hearings on fluoridation before the Ithaca Board of Public Works. Here are excerpts from his testimony:

"The following facts are well established and generally accepted by scientists:

"1. The fluoride ion is exceptionally reactive and is known to associate strongly with other substances. The possibilities, therefore, of its reacting in a great variety of ways when introduced into the body to produce harmful or beneficial effects are great and, unfortunately, as yet mostly unknown. In the laboratory the hazards of handling fluorides are recognized by all chemists and great care is exercised in working with them.

"2. PHS [Public Health Service] scientists have shown by statistical studies that continuous use of community drinking water which contains only small amounts of fluoride, say eight parts per million, by children from birth to eight years old (when teeth are developing), produces severe damage (disfiguring mottling, staining, erosion) of practically all the individuals. This dental fluorosis is so bad that communities having such fluoride content in their water supply have been obliged, on the advice of PHS, either to treat the water to drastically reduce the fluoride content or to find new water sources. Statistical data on many communities indicate that the severity of dental fluorosis decreases as the fluoride content of the water goes down . . . .

"3. PHS scientists also have discovered that in communities with water of 1 p.p.m. or higher fluoride content, children using it continuously through their first eight years enjoy, on a statistical basis, a greatly reduced tendency to develop dental caries. As the fluoride content goes down, this beneficial effect decreases.

"4. Both dental effects are restricted to young children during the period of formation of the teeth. Older individuals do not benefit dentally by ingesting fluoride ions. However, recent research is becoming more and more concerned with with the likelihood of other cumulative harmful effects on adults of continued exposure to fluoride over their lives. Since these may be contributory to other well-recognized conditions, it probably will take much careful research to uncover them . . . .

"The fluoridation of the community water supply to 1 p.p.m. does not make sense. It will not provide controlled daily dosage to each child because the consumption of water per child per day varies over wide limits. It is estimated that if each child drinks one quart of water per day he will receive the optimum amount of fluorine specified by PHS . . . . The only way to insure that each child gets the optimum dosage will be to see that Johnny drinks just one quart of water per day, clearly an impossibility . . . .

"In addition, fluoridation of our water supply will expose people of all ages to the possibility of cumulative ill effects. Fluoridation of community drinking water looks like a mighty poor gamble."[8]

On March 28, 1963, the *Highland Park News*, Des Moines, Iowa, printed a statement by Dr. Jonathan Forman, a well-known specialist in allergy, Professor Emeritus of Ohio State University, former editor of the *Ohio State Medical Journal*, and editor of *Clinical Physiology*. Dr. Forman said:

"It is now known that such vital organs as the kidneys, thyroid, aorta (main heart artery), liver, lungs and others can be the sites of an unusually high fluoride build-up. No matter how small the amount of fluoride in the diet, a part of it tends to accumulate in the body. When the water supply is fluoridated the intake of the individual is considerably increased and the accumulation in the body increases accordingly. There is no clear-cut pattern as to the degree of retention among individuals. Further, it accumulates in certain organs in an unpredictable way. Some individuals may store up to 100 times more fluoride in certain tissue than others. This has given rise to

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concern over fluoride's possible role in chronic disease. Fluoride is an enzyme poison and medical authorities recognize that disturbances of the enzyme system are a cause of disease."[9]

In May, 1963, *Archives of Environmental Health* (an American Medical Association publication) published an article entitled "Accumulation of Skeletal Fluoride and its Implications." The article was written, after years of intensive study, by John R. Marier, Dyson Rose, and Marcel Boulet, research scientists for the National Research Council of Canada (at Ottawa). These Canadian scientists say there is much convincing evidence that artificial fluoridation is disastrously harmful to the general public — too little evidence of beneficial effect on children's teeth.[10]

On July 19, 1963, *The New York Times* published a letter by Dr. Ludwik Gross, internationally-recognized expert on cancer viruses. Dr. Gross said:

"The excretion of fluorine through the kidneys has not been adequately studied, and middle-aged and older people, particularly those who have metabolic disturbances, chronic kidney disease, etc., may suffer from long and continuous ingestion of this cumulative and toxic compound. If harmful effects occur, they may develop slowly and probably be first observed in older people after several decades of fluoriated water."[13]

On October 26, 1963, the *British Medical Journal*, official publication of the British Medical Association, published the findings of Dr. Roger Berry, Helen Hay Whitney (Fellow in Radiobiology) and Mr. Wilfrid Trillwood (Director of Pharmaceutical Services of Churchill Hospital, Oxford, England). After two months' laboratory experimentation, these British researchers found evidence that human cells are killed by sodium fluoride at one-twentieth the concentration used in public water supplies.[11]

Admitting their findings were inconclusive, they urged more research into the effects of sodium fluoride on the whole human body.[11]

On January 28, 1964, the Denmark Ministry of Internal Affairs published an amendment to Danish laws regulating the use of poisons and other substances dangerous to health. The Ministry outlawed all sales in Denmark of any food, drink, or cosmetic preparation (including toothpaste, unless otherwise specified by special government permission), to which fluorine or any substance containing fluorine has been added.[12]

The Real Danger

If it had been proven, by generations of careful research, that sodium fluoride in water improves the dental health of all children and harms no one, it would still be wrong to fluoridate public water systems, even though a majority of the people voted to do it, because it is compulsory mass medication.

When the Supreme Court of the State of Washington upheld fluoridation in Chehalis (by a 5 to 4 decision in the *Kaul* case) Justice Hill, dissenting, said:

"The liberty of which appellant is deprived is the right to decide of his own free will whether he desires to apply fluorine to his teeth for the purpose of preventing tooth decay . . . a matter . . . on which there is marked and bitter divergence of opinion within the medical and dental professions . . . . What the residents of Chehalis could not be compelled to do one by one, it is now sought to compel them to do *en masse* . . . . This smacks more of the police state than of the police power . . . . The ordinance providing for fluoridation is . . . an unwarranted and unjustified invasion of the liberty guaranteed . . . by the United States Constitution . . . and by our state constitution."[2]

Judge Hamley, also dissenting, said:

"What future proposals may be made to treat noncontagious diseases by adding ingredients to our water supply, or food, or air, only time will tell. When that day arrives, those who treasure their personal liberty will look in vain for a constitutional safeguard. The answer will be: 'You gave the Constitution away in the *Kaul* case.' . . . "[2]

Dr. Ludwik Gross, expert on cancer viruses, says:

"Fluorine is not added to the city's water supply system . . . to improve the water . . . . [but] to

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use the water supply system as a vehicle for compulsory administration of this chemical to a captive population. Once we accept the principle of a forced medication through the city's water supply system, one could only speculate what will be the next suggested step in this direction. What other drugs will be suggested as beneficial and necessary?"[13]

On November 6, 1953, the *Patterson Evening News*, Patterson, New Jersey, published a dispatch from Washington, D. C., reporting on remarks about fluoridation by Leonard A. Scheele, M. D., officer of the U. S. Public Health Service since 1933. The dispatch read:

"Dr. Scheele in discussing mass application methods for preventing noninfectious diseases, said a case in point was fluoridation of public water supplies . . . such a community-wide attack on 'far more serious diseases than dental decay' probably will be forthcoming after laboratory tests have paved the way, he predicted."[14]

Thus, admittedly, United States public health officials are ready to treat far more serious diseases than dental cavities.

Mental-control drugs have already been developed — drugs which increase the susceptibility of the mind to suggestions; drugs which pacify and make human beings tractable and amenable to discipline.[15] When will our public officials begin to add these to our water systems?

Fluoridation is setting the precedent. The drive to fluoridate all water supplies is relentless. In cities where people have revealed that they do not want fluoridation, the fluoridation proposal keeps cropping up. Citizens of Abilene, Texas, may have found an answer to this problem. On November 3, 1964, Abilene voters approved — not just a referendum expressing *opposition* to fluoridation — but an ordinance *prohibiting* fluoridation of their water system.[16]

FOOTNOTES

(1) "The Case Against Mass Fluoridation," by G. L. Waldbott, M.D., *The Detroit News*, September 18, 1960, p. 10-B
(2) *The American Fluoridation Experiment*, by F. B. Exner, M.D., and G. L. Waldbott, M.D., edited by James Rorty, The Devin-Adair Company, 23 and 25 East 26th Street, New York, New York 10010, 1957; price: $4.50
(3) "Fluoridation Called Poison by Doctor," *Erie* (Pa.) *Morning News*, June 8, 1964
(4) "Showdowns on Fluoridation to Test Constitutional Issue," by Brian Justin Hoel, *The Christian Science Monitor*, November 23, 1963, p. 18
(5) "Fluoridation," editorial by Norman Cousins, *Saturday Review*, February 15, 1964, pp. 24, 58
(6) "Estudio Medical del Fluor," by I. A. Rodriquez, 1955, as reviewed by the National Committee Against Fluoridation, Inc., Room 504, 1131 G Street, N.W., Washington, D. C. 20005
(7) Hans Rockert, *Acta. Path. et Microbiologica Scand.*, Vol. 59, 1963, pp. 32-38, as reviewed by the National Committee Against Fluoridation (see Footnote 6)
(8) *Saturday Review*, February 15, 1964, pp. 29-30
(9) "Fluoride Builds Up In The Body," the *Highland Park News*, (Des Moines, Iowa) March 28, 1963
(10) "Documenting The Case Against Fluoridation," by John Lear, Science Editor, *Saturday Review*, January 4, 1964, pp. 85-92
(11) "Human Cells Killed By Fluorides; Research Needed," article in the London *Daily Telegraph and Morning Post*, October 25, 1963, citing "Sodium Fluoride and Cell Growth," Correspondence section, *British Medical Journal*, October 26, 1963, p. 1064, reprinted by the U. S. National Committee Against Fluoridation (see Footnote 6)
(12) "Denmark Bans Fluorides In Food And Drink," published by the Greater New York Committee opposed to Fluoridation, Inc., 342 Madison Avenue, New York, New York 10017
(13) *The New York Times*, July 19, 1963, p. 24
(14) Article reprinted by the *Responsible Enterprise Association Bulletin*, 4501 Cicotte St., Detroit 10, Mich., Summer, 1963, p. 2
(15) See this *Report*, "Kefauver Medicine," January 21, 1963, p. 23
(16) "Abilene Nixes Fluoridation," UPI dispatch from Abilene, Texas, *The Dallas Morning News*, November 4, 1964, Section 1, p. 12

WHO IS DAN SMOOT?

Born in Missouri, reared in Texas, Dan Smoot went to SMU getting BA and MA degrees, 1938 and 1940. In 1941, he joined the faculty at Harvard as a Teaching Fellow, doing graduate work for a doctorate in American civilization. From 1942 to 1951, he was an FBI agent: three and a half years on communist investigations; two years on FBI headquarters staff; almost four years on general FBI cases in various places. He resigned from the FBI and, from 1951 to 1955, was commentator on national radio and television programs, giving *both* sides of controversial issues. In July, 1955, he started his present profit-supported, free-enterprise business: publishing *The Dan Smoot Report,* a weekly magazine available by subscription; and producing a weekly news-analysis radio and television broadcast, available for sponsorship by reputable business firms, as an advertising vehicle. The *Report* and broadcast give *one* side of important issues: the side that presents documented truth using the American Constitution as a yardstick. If you think Smoot's materials are effective against socialism and communism, you can help immensely—help get subcribers for the *Report,* commercial sponsors for the broadcast.

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